

SOUTH DAKOTA BOARD OF NURSING
4305 S. Louise, Avenue, Suite 201
Sioux Falls, SD 57106-3115
Nurse Aide Registry Update

INSTRUCTIONS

- ❖ If you are reporting only a name and/or address change, complete Section A and sign this form at the bottom.
- ❖ If you are reporting a change in employment, complete Section A and B and sign this form at the bottom.
- ❖ If you are reporting termination of employment with no new employment, complete Sections A and C and sign this form at the bottom.

SECTION A

APPLICATION INFORMATION

Certification #: A

Social Security Number	Legal Name (Last, First, Middle) (No Initials)
123-45-6789	Smith, John, David
987-65-4321	Johnson, Mary, Elizabeth
555-11-2222	Williams, Robert, Lee
222-33-4444	Brown, Susan, Ann
777-88-9999	Miller, Charles, William
444-55-6666	Davis, Patricia, Marie
666-77-8888	Garcia, Miguel, Angel
888-99-0000	Wilson, Jennifer, Lynn
000-11-2222	Moore, Christopher, James
333-44-5555	Taylor, Ashley, Nicole

Current Address	City, State, Zip Code
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Check if appropriate:

The information provided above reflects a change in _____ Name _____ Address

SECTION B

PRESENT EMPLOYMENT

Provide the following information regarding your present employment.

Name of Nursing Facility/Agency

City _____ Employment Start Date (Month/Day/Year) _____

Administrator or Director of Nursing completes the following information:

I verify that this individual is presently employed in the above-named nursing facility.

Administrator or Director of Nursing	Signature	Date
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SECTION C

EMPLOYMENT

Provide the following information regarding your most recent employment as a nurse aide.

Name of Nursing Facility/Agency	City
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Start Date (Month/Day/Year) _____ End Date (Month/Day/Year) _____

I certify that the above information is true and correct.

Signature

Date

PLEASE MAIL TO: SOUTH DAKOTA BOARD OF NURSING
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